Senior Citizens' Secretariat
Newsletter

VOLUME 98 AUGUST 2001

Secretariat Update

Since our last newsletter activities with the Secretariat have increased and many exciting changes have taken place.

Jane Phillips, Librarian, joined the staff April 9th and since that time has been developing our Information Resource Centre. This is no small task since there has been a vast accumulation of materials over the years and on a daily basis we receive and solicit new materials and information that is useful to seniors and professionals in the field of aging. In addition, Jane will be updating our website and will be the Secretariat contact for the Seniors Policy and Planning Database (SPPD). We hope to have the Resource Centre functioning as a lending library by the Fall 2001. A wide range of articles, books, videos and electronic documents will be available to government, the private and corporate sectors.

Seniors organizations have an increasing need for up-to-date statistics and information and our goal is to have this material readily available.

Jane Phillips brings with her a wealth of experience in the human services field having been the Librarian for the Department of Community Services from January 1980 to April 2001.

Heather Praught joined the staff of the Secretariat as Coordinator on July 16, 2001. This position will mean that we can increase our consultations, communications and collaborative efforts with all sectors. Heather has worked with the seniors' population for fourteen years and during the last ten years has worked with senior officials in the health sector and the Department of Health, in areas that have included policy, planning and organizational development.

We warmly welcome Jane and Heather to the Secretariat.

Three projects the Secretariat is currently involved in are: the *Seniors for Literacy Project* which will be completed in early fall. This phase of the project was to meet directly with seniors and others concerned with literacy issues, to determine the literacy challenges older persons face and solutions to overcome these challenges in local communities.

The second project, *Aging Well in Rural Places*, relates to rural seniors and the concerns they face when dealing with mental health issues and in particular, depression. It is hoped that through this project some of the myths and stereotypes

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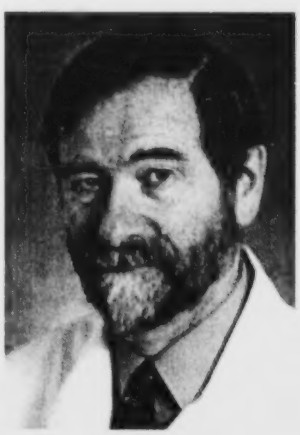
will be demystified and that all citizens will have a better understanding of services available to them and gain increased knowledge about what they can do to help themselves or whom to contact when needing support or intervention with a mental health issue.

The third project is about *Oral Health Care* and the dentistry needs of an aging population. This project will see focus groups of seniors and service providers participate in a user survey. A "best practices" scan will also be undertaken nationally and internationally and a review of which oral health care programs are financed privately or by other means. An oral health policy forum will be organized and strategies developed for the future. Wrapping up the project will be a communication and dissemination of models and strategies to all stakeholder groups.

These projects are all being carried out in partnership with other agencies and organizations. We will keep readers updated on the progress of projects in future issues of this newsletter.

Valerie White
Executive Director

New President of the Gerontology Association of Nova Scotia



Dr. Colin Powell brings a wealth of experience to his new role as president of the Gerontology Association of Nova Scotia.

His research and writings on the problems of elderly people, particularly dealing with seniors' disabilities and the delivery of health care to frail seniors are required reading for students of gerontology.

Secretariat Newsletter

The Secretariat Newsletter is published four times a year by the Senior Citizens' Secretariat and distributed free of charge. We welcome letters, articles and items of interest from you. Please include your name, address and telephone number on all correspondence.

The Senior Citizens' Secretariat was established in 1980 to facilitate the planning and development of services and programs for seniors by coordinating plans, policies and programs presented by the departments of the provincial government. The Secretariat serves as a one door entry to government for seniors, seniors' groups and other provincial bodies concerned with aging issues. The Secretariat develops plans, policies and programs in partnership with other levels of government and agencies responsible for seniors.

The Secretariat's office is located at 1740 Granville Street, 4th floor, P.O. Box 2065, Halifax, NS B3J 2Z1. Tel (902) 424-0065; fax (902) 424-0561; toll-free 1-800-670-0065.

Another of his interests is Alzheimer Disease and it is interesting to note that Dr. Powell is a member of the Board of the Alzheimer Society of Nova Scotia.

Dr. Colin Powell is Professor and Head of the Division of Geriatric Medicine, Department of Medicine, Dalhousie University and Director of the Centre for Health Care of the Elderly at Queen Elizabeth II Health Sciences Centre, Halifax, Nova Scotia.

He received his medical education at the University of London and then in Internal Medicine at Oxford and Glasgow. He trained in Geriatric Medicine in Glasgow with Sir Ferguson Anderson and Dr. Bernard Isaacs. He was Senior Lecturer in Geriatric Medicine, University of Liverpool from 1973 to 1981 when he emigrated to become Head of the Department of Geriatric Medicine at St. Boniface General Hospital, Winnipeg, Manitoba until 1993. He was formerly a magistrate in the City of Liverpool and a member of the General Synod of the Church of England.

His published research interests have included the detection of unreported disability in old age, aspects of aphasia, depression and chemical dependency in old people, removal of physical restraints, and the delivery of health care to frail seniors. He was twice President of the Alzheimer Society of Manitoba and is on the Board of Alzheimer Society of Nova Scotia. He is a member of the Board of the Canadian Centre for activity and Aging and a member of the International Advisory Board of Age and Aging. He was Chair of the Health and Biological Sciences Division of the Canadian Association on Gerontology (1997–99). He was recently Acting Head of the Department of Medicine, Dalhousie University. He became a member of Gerontology Association of Nova Scotia in 1993. He is currently President of the Nova Scotia Society of Internal Medicine and a senator of Dalhousie University.

New President of Regroupement des aîné-e-s de la Nouvelle-Écosse

Regroupement: Voice of Acadian Seniors

Omer Blinn, as President of the French-speaking seniors who are members of Regroupement des aîné-e-s de la Nouvelle-Écosse, represents some 400 members from Yarmouth to Sydney.

The concerns he places before governments on behalf of his membership, he said in a recent interview, are not unlike those occupying the attention of English-speaking compatriots in the Group of IX or other seniors' advocacy groups. Except, he believes, health issues tend to take on a more critical meaning in rural areas. Many of the members of Regroupement reside in Argyle, Clare, Halifax, Pomquet, Cheticamp and Isle Madame and, he explained, for them gaining access to a doctor or medical emergency care is sometimes difficult. Added to that, there is the sometimes prohibitive expense of traveling and living accommodation in hospital centres because "so many seniors today rely solely on Old Age Security and the Guaranteed Income Supplement."

Mr. Blinn, now 65, retired as vice-president (administration) of St. Anne's University. In business, he was an accountant.

Mr. Blinn and his wife Bernadette, both natives of Belliveau's Cove, went to New Brunswick and Quebec for their academic education because, he said, "in those days if you wished to be educated for a profession in French, one had to go to another province to undertake that. He studied accounting and business; she chose studies in nursing. Today Mr. and Mrs. Blinn work together on concerns of seniors within the Regroupement.

Retention of language has long been a concern among seniors. As he explained, young people had been losing touch with their own language... "the problem of assimilation," but with French-language schools built around the province, there is new hope.

"One of our tasks in our seniors' organization is to encourage and guide people in government and public life generally to help preserve our language and culture. I find that our governments have become more responsive to our requests, and we are encouraged by that development."

Harold Shea

Senior's Week

Seniors' Week was held from June 17–20, 2001. The theme this year was "Seniors'—Valued Volunteers." The Week was celebrated in many different ways, and in many different communities within Nova Scotia, with special attention being focused on the valuable contributions seniors make through their volunteer activities throughout the year.

Representatives from various seniors groups from throughout the province met in the Ceremonial Office of Province House where the Official Proclamations were signed by Premier John Hamm and the Honourable Jamie Muir, Chairperson of the Senior Citizens' Secretariat.

New Publications

Seniors Bridging the Medication Awareness Gap in Atlantic Canada

This project has strengthened the idea that the best model is a wellness model. It has also raised the awareness of the need for medication awareness programs, and the importance of integrating them into the health system. The project has sown some seeds in government departments/agencies through the various representatives on the provincial teams about the importance of developing an integrated medication awareness program. This is a positive first step.

Two major themes have emerged in this project. One is the importance of intersectoral collaboration in building support for developing and delivering medication awareness programs. The second is that medication awareness programs need funding to operate successfully and that the preferable option is public funding.

For further information contact:
PEI Senior Citizens' Federation Inc.
Box 152
Charlottetown, PEI C1A 7K4
(902) 368-9008

In Support of Shifting Sands Challenges Facing Atlantic Canada

In Support of Shifting Sands is a project sponsored by the Seniors Resource Centre, with the support of the Atlantic Seniors Health Promotion Network, (ASHPN), The Atlantic Seniors' Liaison Committee and the Community Health Promotion Network Atlantic, (CHPNA). It was funded by Health Canada through its Health Promotion and Programs Branch, Halifax, Nova Scotia. Project intent is to enhance public awareness of the changing economic and demographic trends in Atlantic Canada, to show how those changes are affecting seniors and what changes need to be made in the system to deal with these trends. Its major intent is to alert those who influence policy development about those changes, and how they can be instrumental in shaping policies which take into consideration the changing needs of the Region's aging population.

For further information contact:
Ms. Irene Rose
Health Canada
1505 Barrington Street, Suite 1802
Halifax, NS B3J 3Y6
Phone: (902) 426-1536
Fax: (902) 426-5361

Social Care of the Elderly: The Effects of Ethnicity, Class and Culture

By Marjorie H. Cantor, Professor and Mark Brennan, PhD

The authors describe the ways in which the complimentary roles of informal systems and formal systems change as a function of the health status of older people, and emphasize the critical importance of the preferences of older people. The book illustrates the ways in which ethnicity, class and culture affect these systems by focusing on specific case studies.

To order, contact:
The Springer Publishing Company
536 Broadway New York, New York 10012 USA
Tel: 1-212- 431-4370 Fax: 1-212-841-7842

Intergenerational Programming Quarterly: An International Journal of Program Development, Research and Public Policy

Edited by Sally Newman, PhD

Offering program evaluations and suggestions, new training and practice techniques, reviews of articles, and editorials from readers, the journal reflects a variety of disciplines. It is the forum where gerontologists, educators, medical professionals and urban studies researchers can stay abreast of the latest practice methods and public policy initiatives.

To order, contact:
The Haworth Press, Inc.
10 Alice Street Binghamton
New York 13904-1580 USA

(US/Canada)
Tel: 1-800-429-6784
Fax: 1-800-895-0582

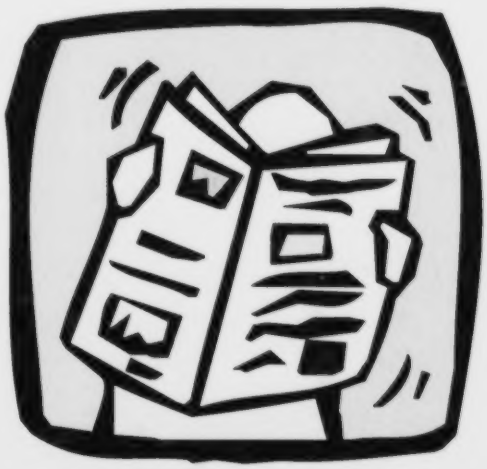
(Outside US/Canada)
Tel: 1-607-722-5857
Fax: 1-607-771-0012

Trauma Among Older People: Issues and Treatment

By Leon Albert Hyer, PhD and Steven James Sohnle, PsyD

This book focuses on the unique considerations of trauma within the older population. The authors explore both aging and trauma-related facts and the relationship between them. The book provides a much-needed wealth of information on the dynamics of trauma among the aged for gerontologists and all other professional mental health practitioners.

To order, contact:
Brunner-Routledge
325 Chestnut Street
Philadelphia, Pennsylvania, USA
Tel: 1-215-625-8900
Fax: 1-215-625-2940
www.brunner-routledge.com



Lawn Bowling

I still remember the day 15 years ago when my late father called to tell me about the fabulous new sport he had began playing. The consummate jock, my dad had spent a lifetime excelling in the macho pastimes of this province—baseball, basketball, football and hockey.

Despite the enjoyment and excitement he derived from all of these activities, he emphatically told me that none rivalled the pleasure of his latest pursuit—lawn bowling.

Being a typical young Nova Scotian athlete, I openly scoffed at any suggestion I give up some of my leisure time to try this sport thought by most skeptics as solely an exercise for the elderly and athletically challenged.

To make a long story short, it took three more years for my dad to convince me to finally try it and 12 years later I still wish I had heeded his original phone call.

Not only is lawn bowling anything but boring, it is a sport that offers a myriad of challenges and opportunities.

Besides the obvious benefits of exercising outdoors, it is a sport that is open to all genders and ages, is easy to learn, is low cost, develops friendships that last a lifetime and allows every individual the capacity to compete at his or her desired level.

In fact, competitive bowlers interested in taking their game to the elite levels, can participate in tournaments in such interesting locales as Australia, New Zealand, Malaysia, Japan, Great Britain, Scotland, Ireland and any number of is lands in the south seas.

Locally, there are five active clubs—Bedford, Bridgetown, Dartmouth, Wolfville and Wanderers in Halifax. All are equipped with lights for night bowling and Dartmouth has an artificial surface that allows for bowling even during the winter months.

Anyway, for the uninitiated, lawn bowling is essentially a simple game. New learners are invariably pleased and surprised that within a couple of hours of beginning their instruction, they can take part in a competitive game of bowls.

The object of the game is to get your bowl(s) nearer to the jack than your opponent. The jack is a spherical white 'target' object, less than one pound in weight and about two-and-half inches in diameter.

The jack is delivered first up to a maximum distance of 40 yards and a minimum of 25 yards. The first jack is delivered by the player(s) who wins the toss; thereafter the winner of each game or 'end' bowls the jack first.

In local circles, there are four different types of match: 1) singles, 2) pairs, 3) triples and 4) fours. The scoring in each match is the same; the nearest bowl(s) to the jack takes the point. Games are generally played to 21 points (singles) or a set number of ends, usually 18 in pairs, triples or fours.

The only equipment required is flat-soled shoes, casual clothes and a set of bowls, which can either be purchased or borrowed from the club.

There are eight different sizes of bowl, varying in diameter from four and five-eighths inches to five and one-eighth inches, and varying in weight to a maximum of three pounds, eight ounces each. Each bowl of the set of four is identical, and all 'turn' the same amount on the same green. That is to say that the 'bias' of the four bowls has been precicely matched in manufacture.

The bias of different sets can vary. The rule is that every bowl must 'bend' more than a master bowl kept in each country. Instructors advise each beginner not to buy a set of bowls until they learn how to play, and have found out which make, weight and size suits them best.

A set of bowls will last a bowling lifetime. Costs vary, but the average cost is approximately $225 for the set, representing the major part of the total cost of preparing to play game, socially or competitively.

In Nova Scotia, the bowling season usually runs from mid-May until early October.

Those wishing further information on the sport can contact Allister MacPherson, Director of Public Relations for Bowls Nova Scotia at 445-3016.

MedicAlert offers a sense of security

Today MedicAlert bracelets and necklets are a common sight in schoolyards, playgrounds, beaches—wherever young people gather. It didn't used to be that way. Forty-one years ago, when Lloyd MacKenzie was diagnosed with diabetes, he was the only kid on the block wearing MedicAlert.

"I had the necklet first, "recalls Mr. MacKenzie, an accountant in Halifax. "It was the thing to wear when you were young. Then I got a bracelet, which I still wear. In all these years, I have never left the house without it The bracelet is a part of me: it gives me a sense of security."

The Canadian MedicAlert Foundation, which is celebrating its 4Oth anniversary this year, had not yet been established when Lloyd MacKenzie was diagnosed with diabetes. Looking back, he believes it was his mother, a nurse, who sent away to the U.S. for his first MedicAlert protection.

Was it embarrassing to wear, back in those early years when most people hadn't even heard of the national charity? Mr. MacKenzie shakes his head and laughs. "I had a lot of friends who were Roman Catholic," he says, "and they all wore crosses. So they had their crosses, and I had something too."

Today, the Canadian MedicAlert Foundation has more than one million members. It provides health professionals and emergency responders with vital medical information when it's needed most—in an emergency. The bracelet or necklet is engraved with pertinent medical information and with a number that responders can call to get the members full medical record—24 hours-a-day, in 140 languages, anywhere in the world. For additional protection, members also receive a wallet card that lists medications and the names and phone numbers of their physicians and emergency contacts.

"MedicAlert provides instant access to critical health care information when seconds count," says Debbie Cotton, President of the Nova Scotia Emergency Nurses Association. "MedicAlert identification lets nurses and other health care professionals fast track diagnosis and treatment And we all know that time is the critical factor in securing the most positive outcome possible in a medical emergency."

Based on Health Canada statistics, at least one in five Nova Scotians have a medical condition that should be known in an emergency. At present there are over 40,000 MedicAlert members in Nova Scotia. Of this, nearly 21,000 joined because of an allergy, including 16,000 Nova Scotians who enrolled because of drug allergies. The fastest growing group of members with food allergies is 10–14 year olds. In addition, there are nearly 10,000 members in Nova Scotia who have diabetes, approximately 7,000 who have heart disease or high blood pressure and roughly 3500 members with asthma.

MedicAlert has become something of a family tradition in Lloyd MacKenzie's household. His daughter Allison, now 31, was diagnosed with diabetes at age 4, and has worn MedicAlert protection ever since. "We have both been very lucky," he says, "that we have never had the cause to have someone call that number, but the sense of security is there."

For more information or photos, please contact:
Donalee Moulton
Regional Coordinator, Atlantic
phone: 902-443-9600
fax: 902-445-4364
e-mail: quantum@hfx.eastlink.ca

Family Caregiver Support Groups in Nova Scotia

Providing caring, sharing, education & support

Pictou County

Meetings held every 3rd Thursday of the month at 7:30 pm in Carmichael Room (former nurses residence), Aberdeen Hospital

Sponsored by Seniors Outreach, Valley View Villa in connection with the Family Caregivers Association of Nova Scotia

Contacts: Mary MacLellan 755-1123 and Nan Mackenzie 755-3113

Annapolis & Digby Counties

Meetings 2nd Tuesday of the month at 2 pm at the Homestead Restaurant on Highway 1, Granville

Contact: Maxine Barrett 532-7624

Chester, Hubbards, Western Shore Area

Meetings usually once a month at the Shoreham Village (training room) in Chester

Contact: Adrienne Burke-Purdy 275-5169

New Ross Area

Meetings once a month, usually at 7:30 pm in the New Ross Family Resource Centre, for actual meeting date, please check with Penny

Contact: Penny Seck 689-2801

Richmond County

Meetings 2nd last Thursday of each month at 2 pm, Tranquility Cafe, St. Peters

There are also meetings at the Strait of Richmond Hospital every two weeks, for actual meeting date, please contact Elizabeth

Contact: Elizabeth Henri 345-2231

Recreation Nova Scotia

"Older Adults—Get Active" Video

Recreation Nova Scotia (RNS) is pleased to announce the release of the *Older Adults—Get Active* video. This educational tool depicts recreation and active living among older adults of all abilities. Camille Vokey, Recreation Nova Scotia Accessibility Officer says, "The purpose of the video is to train, inform, and encourage community leaders, recreation practitioners, and volunteers to support and include older adults in their local recreation community activities. In addition, the video will certainly motivate and encourage older adults, their friends and family to enjoy the benefits of active living."

The video was produced by RNS with the financial support from the Active Living Alliance for Canadians with a Disability, Halifax Regional Municipality—Parks and Recreation Services, Senior Citizens' Secretariat, and the Nova Scotia Sport and Recreation Commission. Furthermore, the production of this video was made possible through the involvement of many older adult organizations and recreation community groups.

The video is now available for purchase from RNS at the price of $18.00 (plus HST) for RNS members and $24.00 (plus HST) non-RNS members.

A facilitator guide to accompany the *Older Adults—Get Active* video will be available in 2002. The purpose of the guide will be to deepen and broaden the understanding of inclusion, its benefits, overcoming barriers, and active living resources available related to older adults.

RNS is a non for profit province wide organization established to promote the values and benefits of recreation and leisure. As the provincial partner for The Active Living Alliance for Canadians with a Disability as well as the Canadian Parks and Recreation Association, RNS is dedicated to ensure that all Nova Scotians have the right to enjoy accessible, high quality recreational activities. Through the role of an advocate, educator, networker, and resource broker, RNS will contribute to increasing leisure opportunities that are inclusive and accessible to all.

To order video or for more information contact:
Recreation Nova Scotia
5516 Spring Garden Road
Suite 312, P.O. Box 3010 Park Lane Centre
Halifax, NS B3J 306
Phone: (902) 425-1128; Fax: (902) 422-8201;
E-Mail: ms@sportns.ns.ca

Now available to borrow from:
Senior Citizens' Secretariat—
Information Resource Centre
1-800-670-0065 or 424-4710

Community Transportation Assistance Program (CTAP)

Building on the success of th two year Inclusive Transportation Pilot Project, the Community Transportation Assistance Program (CTAP) provides operating support and promotes cost effective and sustainable inclusive transportation in low population communities in Nova Scotia.

Applications are available for download at the following web site:
www.gov.ns.ca/snsmr/muns/infr/

For additional information and inquiries contact:
Rene Frigault, Service Nova Scotia and Municipal Relations
E-mail: frigaurj@gov.ns.ca
Phone: (902) 424-2088
Fax: (902) 424-0821

The Importance of Using Medication Properly

John Ryan, PhC (retired)

To address this subject I have selected the question and answer approach.

Q *What is one of the most important concerns relating to using medication properly?*

A To answer this question I would like to refer to the report released in the United States in 1993 by a Task Force for Compliance as well as some comments from some research findings of a study done in Canada and reported on in 1995. The report of the U.S. Task Force clearly identified non-compliance as a major concern. This means that many people were not following some or all of the instructions for using their medication. In his research Dr. Robert Coambs, Centre for Health Promotion, University of Toronto found also that non-compliance is a major problem. The 1995 Canadian research claimed that non-compliance costs Canadians between 7 and 9 billion dollars each year. Some progress has been made since 1995 but the problem still remains. Non-compliance is considered by some health researchers to be one of Canada's largest and most expensive disease categories. The cost of non-compliance has been reported as equivalent to the total cost of coronary heart disease.

Q *What were the specific issues related to heart disease identified by the Task Force?*

A Not having prescriptions filled or refilled. This is particularly applicable to lower income families or those with no drug benefit programs. Some studies also claim that increased co-payments play a role;

Taking an incorrect dosage;

Taking medication at the wrong time;

Forgetting to take one or more doses;

Stopping the medication too soon. This is particularly true with Antibiotics. Patients should never discontinue medication without consulting with their physician or

pharmacist. A study by a major drug company claimed that 17% of patients failed to have their prescriptions filled and 32% of patients told by their physician to have their prescriptions refilled failed to do so.

Q *Are any of these problems encountered locally?*

A Yes, all of them. With the ever increasing costs of medication the problems increase. Some patients reduce their doses of medication to help control their costs and this can lead to serious consequences.

Q *Is non-compliance specific to any identifiable group?*

A The Task Force observed that non-compliance is common to all ages. There is generally no correlation with age, sex, socioeconomic status or level of education. Dr. Coambs stresses that in the elderly compliance is especially important because seniors often take more than one medication.

Q *What are some of the consequences of non-compliance?*

A Physician misjudgment of the effectiveness of treatment;

Patient's loss of confidence in the effectiveness of medication and perhaps in the physician;

Repeated episodes of illness;

Loss of patient productivity and reduced quality of life;

Increased use of expensive services such as hospital and emergency room visits;

Economic losses associated with reduced worker productivity;

Admissions to hospitals and nursing homes;

Increased costs of private and government drug benefit programs.

Q *What are some strategies which can be implemented to improve compliance?*

A The use of reminders by mail, telephone or by personal contact would be helpful;

Provision of training sessions, particularly for products used in the treatment of conditions such as asthma;

Compliance Packaging would be helpful, e.g. some cholesterol lowering drugs like Pravachol® or oral contraceptives;

Specially designed dispensing packages and medication organizers like Dosettes®;

The use of medication calendars on which patients can record doses taken;

Patient Education programs including support group sessions;

Doctor patient interaction;

The use of printed patient information material combined with verbal counselling by the pharmacist.

Q *What final comments can you offer with respect to non-compliance?*

A The U.S. Task Force correctly concluded that physicians, pharmacists and patients all have a responsibility to enhance compliance. Authors of a book "Facilitating Treatment Adherence" Donald Meichenbaum and Dennis Turk state, "Health care providers can share the responsibility for treatment adherence with patients and significant others in their lives. The teaching of self-management skills to patients represents a major challenge for health care professionals."

Ask yourself, am I a compliant person with respect to my use of my medication?

Books

HeartHealthy Cooking
Delicious Everyday Recipes

This "heart healthy" cookbook was produced by the Becel Heart Health Information Bureau.

The recipes come with complete nutrient information, preparation and cooking times and number of servings. The book also pumps you with information about your heart, health risks, good and bad fats, the value of fibre and why you should limit your grains of salt. A quiz on how well you shop, along with menu planning, may provide new insights into healthy cooking.

HeartHealthy Cooking, edited by Barbara Lederman, MSc, RD, and Bridget Wilson, PHEc. Published by Key Porter Books, 2000. Soft cover, 160 pages. $24.95

300 Incredible Things For Seniors On The Internet

Let your mouse do the walking.

Seniors are the fastest-growing group of Internet users. And this helpful book lists Internet sites that cover everything from tips and tricks for learning about the Net, to health research, financial planning, shopping and buyer beware, politics, travel arrangements, and even fun and games.

The chapter "Silver Surfing" recommends sites that are specifically for active seniors, including how to live to be 100, grandparents online, a job bank, sports talk and golf links. It also provides shortcuts to finding what you need.

300 Incredible Things for Seniors on the Internet by Joe West and Ken Leebow. Published by 300 incredible.com, LLC, 2000. Soft cover, 116 pages. $8.95

Determinants of Health

Factors that influence the health of individuals and communities are called the determinants of health. Several Canadian and Nova Scotian health care reports identify these determinants, beginning with the LaLonde Report in 1974. The Ottawa Charter for Health Promotion (1986), the Nova Scotia Royal Commission (1989), Nova Scotia's Blueprint for Health Care Reform (1994), and the Health Authorities Act (2000) are other reports that recognize the significance of the determinants.

Income and Social Status

Greater income and higher social status generally equals better health.

Social Support Networks

If you have the support of family and friends you are generally healthier.

Education

Higher educational levels lead to better health.

Employment and Working Conditions

The more control you have over working conditions and employment, the healthier you will be.

Physical Environment

Exposure to harmful physical, chemical and biological agents can damage your health.

Social Environment

Social support and isolation, emotional deprivation, stress, and learned coping skills all have an impact on your health status.

Biology and Genetic Endowment

Biological and social differences between the sexes influence health.

Personal Health Practices and Coping Skills

The choices you make about things like smoking, sexual practices, health care practices and diet all affect your health status.

Healthy Child Development

The best way to ensure that a group of people is healthy is to make sure that its children have a good start in life. A well nourished, educated and challenged childhood will lead to a healthy adult.

Health Services Available

The health services available play a small part in your health status. The health service that most affects the health of a group of people is getting rid of childhood diseases.

Culture

Culture plays a large part in the way we relate to health, illness, the health care system, our lifestyle choices and many other areas of our life.

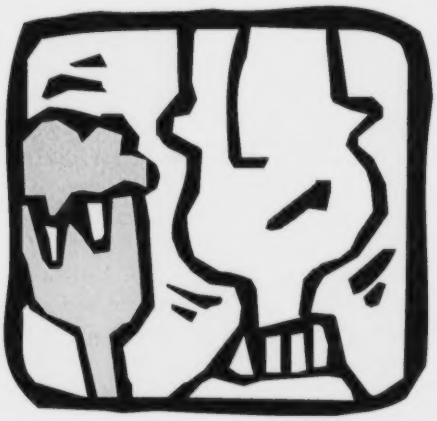
Source: *Health News*
The Newsletter of the Provincial Health Council
Spring 2001

You have a very rare condition we call "GOOD HEALTH". Cigarettes and fast food should take care of it fairly quickly and we'll see you again in six months.

Bits and Bites

I can sympathize with other people's pains, but not with their pleasures. There is something curiously boring about somebody else's happiness.

Aldous Huxley



Mourners at a funeral in central Israel were stunned when a mobile phone began ringing from inside the recently buried coffin. The phone had fallen from a mourner's pocket as he helped to fill in the grave.

The Sunday Times
February 25, 2001

"It is only when you look at an ant through a magnifying glass on a sunny day that you realize how often they burst into flames."

Harry Hill

According to a study of 120 elderly patients by Queens University researchers, 96 percent of physicians had an inaccurate knowledge of their patients' medication. Thirty-seven percent of patients were taking some medications that their doctors were unaware of, while 82 percent were not taking medications that their family doctor believed they were using.

Forever Young, March 2001

"Some new arrivals have just been admitted into heaven. Suddenly a bearded figure in a white coat, a stethoscope round his neck, barges past them. 'Oh, that's God,' says St. Peter. 'Sometimes he likes to play at being a doctor.'"

Nicholas Lezard
The *Sunday Times*

Centenarian of the Week: Her name is Marie, she comes from a family of three children, has worked all her life, perhaps as a dressmaker, and despite a few problems with her heart still makes plans and keeps up a lively interest in everything around her. That is the portrait of the average French 100-year-old, according to a study involving 800 centenarians, carried out by the Ipsen demographic institute. The secret of longevity, it appears, is a strong personality, good humour, interesting work and a regular life.

The Sunday Times

Source: *Abbeyfield*
Volume 9, Number 1, Spring 2001

Osteoarthritis

What is it? Osteoarthritis (OA) is the most common form of arthritis and is caused by the breakdown of cartilage, which is the tough elastic material that covers and protects the ends of bones. Over time the cartilage may wear away entirely, and the bones will rub together.

What are the symptoms? Symptoms of OA usually come on slowly, and involve the area around the joints. If you have joint pain, stiffness, or swelling for more than two weeks, see your doctor. Bumps or swelling may appear, especially on the fingers and feet. A joint may feel sore and stiff, and the joint won't move as easily or as far as it once did.

How is it treated? Although there is no cure for OA, a lot can be done to help manage the condition. A variety of treatments can help to lessen pain and stiffness and to make movement easier.

For mild to moderate OA doctors often recommend acetaminophen which is a pain reliever, but has no anti-inflammatory properties.

Non-steroidal anti-inflammatory drugs (NSAIDs) are a type of medication that helps reduce the pain and swelling of the joints and decrease stiffness. However, they do not prevent further joint damage. For severe pain and inflammation, doctors can inject a powerful anti- inflammatory drug, called a corticosteroid, directly into the affected joint. Viscosupplementation is a relatively new treatment in Canada for people with osteoarthritis of the knee. A clear gel-like substance is injected into the knee that helps the joint fluid regain its ability to lubricate joint cartilage and absorb the mechanical shocks of daily living.

Exercise helps lessen the symptoms of OA and can help make you feel better overall. Always consult a doctor before beginning an exercise program. Heat or cold application can provide temporary relief of symptoms.

Using helpful devices, such as canes, luggage carts, grocery carts and reaching aids, can help make daily tasks easier.

Staying at your recommended weight or losing weight helps reduce the risk of OA of the knees, and it lessens pain by reducing stress on the joints.

There are a number of different kinds of surgery for OA -some less invasive than others. Some kinds of surgery repair bone deformity, fuse joints, or rebuild part of a joint. Other kinds of surgery replace your own joint with an artificial joint.

For much more information on osteoarthritis call The Arthritis Society or check out our Web site at www.arthritis.ca. .

Source: *The Arthritis Connection*, June 2001

Toastmaster Award

Congratulations to Pat MacLellan (May 22, 2001) showing the Toastmaster Award she received "for exceptional service" to the Toastmaster Community. She is a member of the Owl's Toastmaster Club, # 6022, which meets at Northwood Centre every 2nd and 4th Tuesday at 10:00 a.m.

Pat is a very active senior, giving service to the Halifax Seniors' Council, Canadian Pensioners Concerned (NS) and Northwood Community Programs Association, among other activities.

Web Resources

Air Canada has produced an amended brochure outlining its services for people with disabilities. Ask your local travel agent for a copy or visit its website at:
www.aircanada.ca/services/services/special/

Marine Atlantic, North Sydney, Nova Scotia, operates all its ferries in full compliance with the Canadian Transportation Agency's Code of Practice on Ferry Accessibility for Persons with Disabilities. www.marine-atlantic.ca/marinee/cuserv/nojava/index.htm

VIA Rail offers special services for persons with disabilities when travelling across Canada. www.viarail.ca/en.avot.beso.html

Canadian Consumer Information—Canada's first on-line gateway to consumer information from government and its partners. www.consumerinformation.ca

"These days you have to move very fast even to stand still."

Unknown

Communication Tips

There are many ways to optimize communication with a deaf, deafened or hard of hearing patient. When in doubt, ask the patient for suggestions to improve communication.

The Environment

- Pick the best spot to communicate; avoid noisy background situations and areas that are poorly lit
- Leave a light on; don't leave the deaf patient in complete darkness
- Do not speak with the light behind you, as your face will be in shadow
- If the hallway outside a hospital room is noisy, and if it's appropriate, close the door

Personal Communication

- Get the person's attention before you speak, i.e. use visual attention-getting strategies when calling a deaf, deafened or hard of hearing patient in a waiting room, tap the mattress or the patient's shoulder to get her attention if her back is turned
- Talk to the deaf, deafened and hard of hearing patient, not about her
- Do not indulge in side chat; although reassuring to hearing people, side conversation may cause deaf, deafened and hard of hearing people to feel they are missing important information
- Make and maintain eye contact
- Don't do anything unexpected from behind
- Don't restrict the deaf patient's hands; never use an IV in both arms at once; Find out if he is right or left-handed (for writing and/or signing purposes) before inserting an IV
- Do not put obstacles in front of your face (i.e. your hands, surgical mask)
- Be aware that moustaches and beards can make speechreading more difficult for some people
- Don't shout; speak clearly and distinctly, at a moderate pace

- Your visual attention, facial expressions, and touch are all very important in creating a bond between you and the patient
- Use facial expressions and keep them consistent with true feelings; this is what the deaf, deafened and hard of hearing patient sees and interprets
- Give clues when changing the conversation subject
- Rephrase, rather than repeat, when you are not understood
- Patience and flexibility are important when establishing communication with a deaf, deafened or hard of hearing person

Technical Tips

- Hearing aids or cochlear implant battery packs should be the last thing removed or turned off before surgery (or another procedure) and the first thing made available in recovery
- If the patients wears a hearing aid, leave it within easy reach
- Writing down key phrases and words may be helpful
- Take advantage of technical devices that improve communication, such as the Pocket Talker

Interpreting

- If the interpreter must leave the room, fully communicate all instructions prior
- Use professional, qualified sign language interpreters, not unqualified, untrained, well- intentioned signers' or friends or family to fill the role of interpreter

Source: *Vibes*
The Canadian Hearing Society's
Quarterly Magazine, Sprint 2001

The Halo Cup

The Ableware Halo Cup is designed with a wide "halo" base to provide stability and reduce the occurrence of accidental spills.

The Halo Cup gives children who are just beginning to feed themselves a sense of confidence and achievement. The cup's unique handle eliminates the need for gripping ability. Adults with small hands can also use the Halo Cup.

The Halo Cup is dishwasher safe. It can be stacked, conserving storage space.

Maddak Inc., 6 Industrial Road, Pequannock, NJ 07440-1993 USA
Phone: (973) 628-7600
Fax: (973) 305-0841
E-mail: custservice@maddak.com
www.maddak.com

"Matters of the heart matter most in life."
Suzanne Willis Zoglio

Learning Networks

Provincial Communities

Acadian
Équipe d'alphabétisation-Nouvelle-Écosse
Yolande Seeley: 648-2253
equipealphane@fane-argyle.ns.ca
African-Canadian
Provincial Black Literacy Network
Beverley Johnson: 424-7036

Deaf
Metro Deaf Literacy Network
Frank O'Sullivan: 423-3353
fosullivan@ns.sympatico.ca

ESL
Nova Scotia ESL Network
Claudette Legault: 423-3607
claudette@misa.ns.ca

Mi'kmag
Provincial Mi'kmag Literacy Network
Nora MacDonald-Plourde: 893-5989
plourdnj@gov.ns.ca

Southwestern Region

Lunenburg County Adult Learning Network
Gina Freeman: 543-0488
lcaln@tallships.ca

Queens County Learning Network
Shelley O'Connor: 875-4272
learn@auracom.com

Yarmouth County Learning Network
Mary Thompson: 742-0642
thompsm@burridge.nscc.ns.ca

Cape Breton Region

Cape Breton Literacy Network
Kathryn MacGuish: 564-5667
cbin@ns.sympatico.ca

Community Learning Association
North of Smokey
Kim Stockley: 285-2354
clans@ns.sympatico.ca

Northern Region

Colchester Adult Learning Association
Eva Callaghan: 895-2464
cala@corda.ca

Cumberland Adult Network for Upgrading
Eileen Perry: 661-0153
can-u@ns.sympatico.ca

Pictou County Continuous Learning Association
Donna Collins: 485-3439
piccola@ns.sympatico.ca

Strait Region

Antigonish County Adult Learning Association
Judy Cairns: 863-3060
judy.cairns@strait.ednet.ns.ca

Guysborough County Adult Learning Association
Grail Sangster: 533-4252
adultlearning@ns.sympatico.ca

Inverness County Literacy Network
Lesley Carruthers (Port Hawkesbury): 625-1599
phlc@nsme.library.ns.ca
Anna Lee MacEachern (Inverness): 787-2274

Richmond County Literacy Network
Millie Hatt: 226-0383
milliehatt@hotmail.com

Metro Region

Bedford-Sackville Literacy Network
Denise Morley:832-1777
ac577@chebucto.ns.ca

Dartmouth and Area Literacy Association
Elaine Piper: 464-3444
dln_ca@yahoo.com

Eastern Shore and Musquodoboit Valley Literacy Network
Gail Ellsworth: 427-7205
gailellsworth44@hotmail.com

Western Halifax Regional Municipality Community Learning Network
Joan Coolen: 852-2596
jjcoolen@istar.ca

Great Life Truth

- There is always a lot to be thankful for if you take the time to look. For example, think how nice it is that wrinkles don't hurt.
- You get the same sensation from a rocking chair that you once got from a roller coaster.
- Now you know why women over 50 don't have babies: They would put them down somewhere and forget where they left them.
- It's frustrating when you know all the answers, but nobody bothers to ask you the questions.
- Time may be a great healer, but it's a lousy beautician.
- Amazing! You just hang something in your closet for a while, and it shrinks two sizes.
- The older you get, the tougher it is to lose weight because by then, your body and your fat are really good friends.
- It's bad to suppress laughter. It goes back down and spreads to your hips.
- Just when you were getting used to yesterday, along came today.

Source: *Looking Forward*
The Hope Heart Institute
Vol. 14, No. 3—Early summer 2001

Side Effects Related to Common Cold Remedies

Health Canada issued a warning that the cold medicine ingredient, phenylpropanolamine or PPA, may be unsafe. Researchers have observed a heightened risk of hemorrhagic stroke or bleeding into the brain among women taking the drug for weight control, and for nasal decongestion. PPA is found in at least 63 different cold and cough medications in Canadian pharmacies. There are however, many effective cold remedies without PPA. Consult with your pharmacist for further details.

Getting the Salt Out

Lowering sodium (salt) in our diets is one way to help lower high blood pressure for many people.

Dietitians recommend that we keep our sodium levels below 2,400 mg a day (about 1 tsp. of salt).

But eating less sodium isn't as simple as taking the salt shaker off the table.

That's because so many of the foods we eat are processed—and food manufacturers dump huge amounts of sodium into their foods. So do restaurants.

How to Cut Down

- Look for low-sodium brands. Different brands of the same food—spaghetti sauce, for example—can have vastly different sodium levels.
- Look for labels that say "low sodium" or "reduced sodium."
- Eat foods that are less processed. For example, fresh meat is lower in sodium than processed "lunch meats."
- Cook from scratch as often as possible. The less you eat packaged/prepared/processed or restaurant foods, the less sodium you're going to get.

Sources: *DASH2 Study*; National Heart, Lung and Blood Institute

Tips for the Procrastinator

- Make lists of things you need to do. Cross them off as you get them done (very satisfying).
- Allow yourself the luxury of "incubating," or thinking about, a project for a few days. Then, give yourself an absolute outside deadline by which you need to get it done.

- When you need to get something accomplished: Buy a timer, set it for an hour and work without interruptions. You'll probably finish the project. But even if you haven't, you'll have gotten up so much steam that you're likely to keep going.
- If there's a project you've been putting off, do it now. Think of all the time and energy you will save over the next few days or weeks—time and energy you would have spent worrying about getting it done.

"There is a great difference between worry and concern. A worried person sees a problem, and a concerned person solves a problem."
Harold Stephens

"The dread of doing a task uses up more time and energy than doing the task itself."
Rita Emmett

Sources: *The Procrastinator's Handbook*, by Rita Emmett; The Hope Heart Institute, Seattle

Strength Training and Aging

Rene Murphy, School of Recreation Management and Kinesiology and Centre of Lifestyle Studies, Acadia University

This study aims to extend current knowledge about the effects of a home-based strength-training program on age-related changes in muscle mass, strength, functional independence and immune function. The findings will have an impact on health promotion policy and should translate into a better quality of life for older Nova Scotians, as well as reduced costs to the health care system.

Diabetes

People with impaired glucose tolerance—elevated levels of blood sugar (but not yet diabetes)—who were guided through a program of moderated exercise, healthier eating and modest weight loss reduced their risk of progressing to type 2 diabetes by 58%.

The program not only lowered blood-sugar levels, but also improved overall health—including reducing high blood pressure and improving blood fat profiles.

"We were confident that lifestyle changes would work," said the lead researcher, "but we were surprised the effect was so large."

In another study, the National Institutes of Health is measuring the effects of diet, exercise and medication on 3,000 people with impaired glucose tolerance.

The six-year study should be completed in about two years and researchers expect to see similar results.

The National Institutes of Health estimates the cost of diabetes in the U.S. to be about $98 billion annually.

Source: National Public Health Institute (Helsinki, Finland) research presented to the American Diabetes Association

Stress, Depression and Heart Disease

Researchers have known for some time that stress can contribute to heart disease.

They've also noted that people with depression or attitudes of hostility seem to have a greater risk of heart disease.

Now, researchers are beginning to understand why stress, and these mood disorders, can damage arteries.

When feeling stressed, people with low levels of the brain chemical serotonin (low levels cause irritability, depression, cynicism and hostility) show a significant rise in immune system proteins—proteins that can trigger artery damage.

People with normal serotonin levels (i.e, they're not depressed) don't produce these proteins when they're under stress.

Source: Annual meeting of the American Psychosomatic Society

Alcohol

It's been widely reported that drinking alcoholic beverages in moderation may help prevent heart disease.

At least some of this protective effect comes from the beneficial plant chemicals and nutrients used in the ingredients for wine, beer and other alcoholic drinks (e.g., grapes, hops, grains).

But new research shows that the alcohol itself may have a beneficial blood-thinning effect: It helps prevent potentially dangerous blood clots from forming and blocking arteries.

When it comes to alcohol, however, moderation is still best: no more that one drink a day for women and two drinks for men.

Source: International Society for Biomedical Research on Alcoholism

Doc Talk

Q *I have trouble sleeping, but I don't want to take addictive sleeping pills. Are there any other safe, effective remedies?*

A Yes, but first we need to rule out the simple stuff: Are you eating or taking anything that could interfere with sleep—like the stimulant caffeine? It's in coffee, tea, soft drinks, chocolate and some pain/headache pills. Even a morning dose could pose a problem.

Alcohol and sugar can also interrupt sleep. Use less—or cut them out completely.

Some herbal products can also be too stimulating —like ephedra and ginseng.

Other sleep-stealers can include low blood sugar, food sensitivities, menopause, depression, thyroid dysfunction and adrenal overactivity.

Several safe, non-addictive, over-the-counter remedies for insomnia (take one or some combination of these at or near bedtime): calcium; the herbs valerian, passion flower, kava kava, skullcap, hops (either alone or in combination); the amino acid 5-HTP; vitamins B-6 and niacinamide; phosphatidylserine; and melatonin (3 mg or less).

And a few commonsense remedies include warm baths; soothing music; art; beautiful places in nature; and fun, nurturing activities with people you like.

Source: Ralph Golan, MD
Ralph Golan has practiced preventive and wellness medicine for over 20 years. Author of *Optimal Wellness: Where Alternative and Mainstream Medicine Meet*
website: www.ralphgolanmd.com

"Mistakes are part of the dues one pays for a full life."
Sophia Loren

Constipation

What Causes It? What Cures It?

Most cases of constipation are related to lifestyle and diet.

To help keep "regular"

- Drink at least eight 8-oz. glasses of water every day—more if you exercise
- Incorporate about 30 grams of fiber in your diet each day. Fruits, vegetables, legumes and whole grains are all high in fiber. Ground flaxseed is another excellent source of fiber (and also full of heart-healthy omega-3 fats). You can also use a fiber supplement like Metamucil or Citrucel. Avoid repeated use of stimulant laxatives—they will only make the problem worse.
- Exercise. Moving you body helps move your bowels.
- Check your medications. Some medicines can cause constipation. They include: opioid painkillers like codeine; some antidepressants; some antihistamines; blood pressure medicines like calcium channel blockers; andiron and calcium supplements.
- When nature calls, don't ignore the "urge."

If water, fiber and exercise don't help, see your doctor.

Sources: Stuart Farber, MD,
University of Washington School of Medicine;
Mike Schuffler, MD, gastroenterologist

The Silent Epidemic of Oral Disease

Evaluating the Continuity of Care and Policies for the Oral Health of Seniors

The project consists of four parts:

1. To examine the health impacts, costs to the system, and costs to the patients that arise from lack of continuity of care in the delivery of oral health services for seniors in Nova Scotia.
2. To determine barriers to oral health care for seniors by examining experiences and lessons learned in existing systems in Canada and elsewhere.
3. To develop strategies for financial, organizational, and political interventions that will improve accountability among health professionals, agencies, and institutions.
4. To develop idealized models for delivery of oral care to Nova Scotia seniors and a method for implementation that could serve as a prototype for other regions in Canada.

This project is extremely timely in that it addresses dental concerns of a rapidly aging population; and the need for continuity at a time when governments at all levels must, consider best practice models and fiscal issues.

For more information contact:
Ms. Mary McNally, Co-Principal Investigator
Atlantic Health Promotion Research Centre
6090 University Avenue
Halifax, NS B3H 3J5

Identifying the Challenges of Parkinsons

Working with patients or clients who are living with Parkinsons presents unique challenges for many healthcare professionals. People living with Parkinsons do not experience 'universal' symptoms or follow identical medical careplans. The impact of the disease, in fact, varies widely with each individual.

Nevertheless, recognizing the basic characteristics of Parkinsons will help patients and clients live well and feel accepted.

1) Variability in symptom control: You cannot always predict how well a person living with Parkinsons will be able to function. Their condition can fluctuate day to day; frequent assessments are necessary. Promoting a "one day at a time" philosophy may prevent frustration and depression.
2) Challenges in maintaining mobility: Exercise is extremely important as the illness progresses to help reduce stiffness and increase flexibility and balance. At the same time, falls can have a serious impact on people living with Parkinsons. Encouragement may be needed to initiate and maintain a regular exercise regimen.
3) Complicated medication management: Successful and consistent drug therapy promotes good mobility and symptom control. Timing, dosages and reactions, however, can be overwhelming and more individualized than for other health conditions. Keep the following in mind:
    - Parkinsons medications may have to be administered at different times from other general medications.
    - It is important to recognize the psychiatric side effects of the medications.
    - A Parkinsons specialist can provide helpful insight regarding medications, maintaining optimal mobility and cognitive functioning.
    - When possible, involve patients with the administration of their medications.
    - Frustration is a common reaction when medications don't work smoothly or consistently.
4) Difficulties in communicating: Slurred speech, low voice quality and delayed responses are common barriers to communication. Patients and clients living with Parkinsons are often misinterpreted because their body language or facial expressions may appear disinterested. Patience, good listening skills and the ability to communicate beyond the "masked face" help to bridge the communication gap.
5) Social isolation: People living with Parkinsons sometimes cut themselves off from friends and family. They fear falling, or feel embarrassed by their difficulty with eating or swallowing. Social interaction is crucial for maintaining some degree of 'normalcy' and should be promoted as much as possible.

Stress often results from many of these challenges and can contribute to a patient's condition. When we understand the behaviours, fears and difficulties that many people living with Parkinsons commonly exhibit and encounter, we can ultimately improve our support and care. This article is based on the educational folder entitled, *Challenges of Parkinsons In Long-Term Care Facilities* produced by the Parkinson Foundation of Canada.

For more information, call 1-800-565-3000 or write 4211 Yonge Street, Suite 316, Toronto, Ontario, M2P 2A9.

Visit their website at: www.parkinson.ca

Sandie Jones is the Co-ordinator of Client Services and Education for the Central and Northern Ontario Region of the Parkinson Foundation of Canada.

Breakthrough in identifying Rheumatoid Arthritis

A team of BC researchers has identified a gene that predicts the severity of rheumatoid arthritis (RA) in those who develop the disease. It is believed this gene operates by controlling the degree of joint inflammation. This gene offers the possibility of early identification of patients who are likely to get severe arthritis, and of selecting appropriate treatment **before** joint damage has occurred. This means treatments can be chosen according to the specific risk of each patient. The discovery of the gene helps researchers understand the cause of RA and could lead to new treatment options and perhaps even a cure.

Reactions to the Flu Shot

Authorities report that after getting their flu shot, some people have come down with worrisome allergy-like symptoms: red eyes, laboured breathing and a swollen face. The vaccine appears to be triggering a higher rate of reactions than usual. The Health Department estimates that 5% of people who get their flu shot this season will have an adverse reaction. This usually occurs within the first 24 hours and lasts a couple of days. In addition the most common complaint—which occurs in 10% of individuals who receive the flu shot—is swelling and tenderness around the injection site.

Source: *Rx&D Contact*, Winter 2001

"Some days you tame the tiger.
And some days the tiger
has you for lunch."
Tug McGraw

Community Help for Elder Abuse

Joan Harbison, Maritime School of Social Work, Dalhousie University

Nova Scotia has a high proportion of older people living in rural areas, where isolation and limited services can add extra stress to caregivers, sometimes leading to elder abuse and neglect. Evidence shows that community-based services, including informal and volunteer services and seniors' organizations can, and do, provide help. The study will document how this takes place, thereby filling a gap in the knowledge base for the planning of appropriate health service.

I'lles Madame Study on Seniors' Mental Health

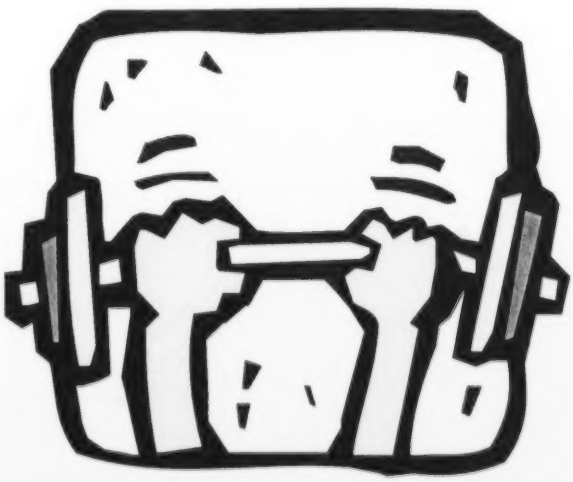
Bianca Horner, Department of Psychiatry, Dalhousie University

This program aims to raise mental-health awareness among the elderly, teach participants early warnings signs, and increase the likelihood that those in need of help will seek treatment. It is piloted by Dalhousie's department of Psychiatry in partnership with a local steering committee in I'lles Madame, Cape Breton. The materials developed may eventually be used across Canada, and particularly in other rural Francophone communities.

For more information contact:
The Nova Scotia Health Research Foundation
1690 Hollis Street, 9th Floor
Halifax, NS B3J 2R8
tel: (902) 424-4043, fax: (902) 424-7753
email: info@nshrf.ca, web: www.nshrf.ca

Exercise and the Older Person

Exercise is a key factor in promoting good health, preventing injury and illness, and managing chronic diseases. Inactivity is considered a risk factor in many diseases, including diabetes, cardiovascular disease and osteoporosis. Even when overactivity contributes to a disease process as in, for example, osteoarthritis, exercise is still an important component of the treatment regime. Additionally, both balance and leg strength have been identified as important factors in preventing falls. The bottom line is that exercise plays a vital role in the delay or development of disease and illness.



The message for healthcare professionals is that the body needs to move to stay healthy. Finding the right balance for every individual is key. Exercise can take many forms such as flexibility training, muscle strengthening, aerobic, and weight-bearing. Sorting out what type of exercise is best for a person can be confusing. Existing medical conditions and predetermined risk factors for disease and injury must be taken into consideration. A prescribed exercise program by a trained professional is recommended for anyone with a serious or existing health condition.

More than ever, healthy seniors are looking for ways to maintain or improve their health and well-being. Walking and gardening have been found to be the preferred activities of older adults. It is important for healthcare professionals to support and encourage people to maintain these activities as they age, to promote and improve healthy lifestyles for patients and clients.

The Canadian Fitness and Lifestyle Research Institute reports that the top 10 barriers to activity for older adults are:

1. Not enough energy
2. Lack of motivation
3. Illness or injury
4. Fear of injury
5. Lack of skill
6. Not enough time
7. Ill at ease
8. Lack of facilities
9. Cost
10. Lack of safe place

With these obstacles in mind, we must look at ways to increase seniors' activity levels by developing new programs and supporting existing programs.

Since April 1999, the Seniors Health Resource Team of River East in Winnipeg, Manitoba (Canada) has been working on a demonstration project with 1500 seniors in congregate housing. The objectives of the Team include injury and illness prevention, as well as overall health promotion through exercise. Here are highlights of three of the Team's initiatives directly related to promoting exercise:

Exercise Groups: Two of the four apartment blocks had existing groups, and groups were developed in the other two. A group leader from within one of the apartment buildings was found to head a new group, while an instructional videotape was used for the other. Professionals

and other resources support the group leader and the group participants, by providing ongoing development training.

Walk and Talk: This exercise group was also developed with support from the Team. Some of the participants in Walk and Talk had been walking on their own before joining the group, but have since found the experience of walking in a group to be much more encouraging and beneficial.

Raised Gardens: The development of raised gardens in three of the four sites has also been a major program, and has increased physical activity among 70 new and experienced gardeners.

Overall, regular participants in the programs have experienced positive physical, psychological, social and spiritual outcomes. Another unexpected benefit has been the improved outlook of the community as a whole, particularly with respect to the gardening project. Many tenants held negative views of their surrounding environment before participating in the project. Now there is a shared pride and celebration of success of the gardens.

Source: *Lifeline Connections*, by Eleanor Stelmack, Occupational Therapist , Seniors Health Resource Team, Winnipeg Regional Health Authority

Report from the IFA Representative in Vienna

The Third Meeting of the Technical Committee for the Revision of the International Plan of Action on Ageing took place from April 23–26, hosted by the Austrian Government.

Participants were an international group of experts, persons from international agencies and those from several governments. The task was to clarify the structure of the Draft Revised Plan, to fill in the gaps in the existing draft and to create a framework for policy recommendations.

Three Priority Directions were formulated:

Priority Direction A

"Development for an Ageing World". Priority issues are poverty alleviation, income security and social protection, access to knowledge, education and training, work and social productivity, active participation in development and society, intergenerational solidarity, rural development and migration and urbanization.

Priority Direction B

"Advancing Health and Well-Being into Old Age". Priority issues are health promotion and development across the life course, universal and equitable health care services vital to development, the impact of HIV/AIDS on older persons and society, training of health care providers, mental health, cognitive and affective (emotional) needs of older people, older persons and disabilities and well-being and self-fulfillment in old age.

Priority Direction C

"Ensuring Enabling and Supportive Environments". Priority issues are housing and living environments, care, abuse and violence, intergenerational family relations, positive images of ageing and emergency situations.

It is now up to the Secretariat at the UN to craft the Plan in a way which incorporates the many new proposals made so that it can be negotiated at the Intersessional, PrepCom in late November, 2001. Member States will meet a deadline of June 25, 2001 to submit additional comments on the revised draft to the Secretariat.

In the course of the follow-up to the 2nd World Assembly on Ageing, Germany will host a Conference for the ECE Regions in Berlin in September 2001. A preparatory meeting for this ECE Conference will be hosted by Austria in Vienna, from September 8–10, 2001.

Submitted by: Dr. Hilde Rosenmayr
IFA Representative in Vienna

Source: *Intercom*
Educating & Advocating for Older People's Rights
May 2001—Volume 8, No. 2

The Canadian Paraplegic Association's Provincial Office Finds A New Home!

As of May 22, 2001 the provincial office of the Canadian Paraplegic Association (Nova Scotia) will be located in Suite S21, West End Mall, 6960 Mumford Road in Halifax.

The move was prompted to improve the accessibility of the Association to its membership who are predominantly spinal cord injured individuals. The Association's mission statement is "To assist persons with spinal cord injuries and other physical disabilities to achieve independence, self-reliance and full community participation. "Core services include Rehabilitation Counselling, vocational/employment services, Information Services, Peer Support, Community Advocacy, and Case Management.

To view our new office space or to speak to one of our staff regarding issues that affect mobility-impaired persons, please phone the office at 423-1277 and make an appointment with one of our qualified staff or visit provincial web site at www.nsnet.org/cpans

Submitted by: Paula McMullen-Beaton, BSW, RSW Regional Rehabilitation Counselor
Cape Breton Office, CPA (N.S.)
sydney@canparaplegic.org

Persons with Disabilities Partnership Association of Industrial Cape Breton Moved to New Location

The Persons with Disabilities Partnership Association has acquired new office space and would like to invite any who may be interested to drop in and visit. We are situated at:
500 George Street, Suite 250
Sydney, Nova Scotia B1P 6R7
Tel: 902-539-5673
Fax: 902-539-6226
E-mail: mcarter.pdpa@ns.sympatico.ca

Adult Protection

The Adult Protection Program transferred from the Department of Community Services to the Department of Health on April 1, 2000. It is felt that this has been a very positive move with some changes and many challenges. One of the changes is the Adult Protection Intake process. As part of the Single Entry Access, all Adult Protection referrals must now go through Community Care.

If you wish to make a referral to Adult Protection, please call 1-800-225-7225. The information will then be relayed to an Adult Protection Worker.

If you are calling from outside the Cape Breton Island area, Guysborough or Antigonish County, please call 1-800-929-8992.

Effective Friday, March 30, 2001 at 4:30 p.m. there will no longer be an Adult Protection Worker/Designate on call for after hours coverage. For non-emergency referrals, the general public, police, paramedics, etc. are to call 1-800-225-7225 (Provincial Community Care 24 hour toll free line). To leave information/voice message including name and phone number of caller, name and address of suspected adult in need of protection and the concern. This will be followed up the next working day by Adult Protection staff.

For situations that require immediate response by fire, police or ambulance, 911 is to be called.

"You don't have to be great to start, but you have to start to be great."
Joe Sabah

Public Affairs News Release

Five Canadian Communities are Bringing Nutrition Screening to Seniors in Canada. *June, 2001.*

Nutrition is a key factor in healthy aging and the quality of life of seniors. Unfortunately, many seniors fall short of meeting their nutritional needs, a fact well known to dietitians. This knowledge was the driving force behind a new initiative spearheaded by Dietitians of Canada and Dr. Heather Keller at the University of Guelph. Five diverse Canadian communities have been chosen to participate as demonstration sites in the *Bringing Nutrition Screening to Seniors in Canada* (BNSS) pilot project. The lead agencies in the participating communities are:

North Shore Keep Well Society: North Shore, including North and West Vancouver, British Columbia Interlake Regional Health Authority: Manitoba

VON (Victorian Order of Nurses) Porcupine: Timmins, Ontario (Francophone model)

SPRINT (Senior Peoples' Resources in North Toronto): Toronto, ON

Community Health Centre, Atlantic Health Sciences Corporation: Saint John, NB

Bringing Nutrition Screening to Seniors in Canada, a national project sponsored by the Population Health Fund of Health Canada, will determine how well equipped Canadian communities are to respond to identified nutritional needs of older adults. Starting this fall, seniors in the selected communities will have the opportunity to complete SCREEN©, a tool designed to identify nutritional risk. The questions on the SCREEN© tool have been developed and validated by Dr. Heather Keller at the University of Guelph. Seniors experiencing nutritional or food related challenges will be linked with existing community services such as assisted grocery shopping, community dining, Meals on Wheels or nutrition counselling. Follow-up interviews with the participating seniors and service providers will assist these communities in working together with older adults, to provide easy access to relevant services that support nutritional needs identified.

Each of the community demonstration sites has an advisory group of community partners that include seniors, seniors service providers (such as Meals on Wheels, Seniors Clubs, Community Care Access Centres etc.), and Dietitians interested in working collaboratively to support enhanced nutritional well-being of older persons living in their community. The demonstration sites will create community-based models for nutrition risk screening of their older citizens and build community capacity to provide services in response to seniors' nutritional concerns. Information generated by each demonstration site will be used to assess feasibility of community-based nutrition risk screening for seniors and support local and national advocacy for widespread nutrition screening and improved nutritional services to community living seniors.

A National Advisory Committee for the project includes Dietitians of Canada, Dr. Heather Keller, representatives from the demonstration sites, Victorian Order of Nurses for Canada, Canadian Association for Community Care; Abbott Laboratories, Canadian Association of Retired Persons, Assemblée des aîée-e-s francophones du Canada, the Federal Provincial Territorial Group on Nutrition, and Health Canada. At the end of the project in 2003, two documents will be released to support action in other communities, a Bringing Nutrition Screening to Seniors: Implementation Guide and a Seniors' Nutrition Education Resource Directory.

Bringing Nutrition Screening to Seniors in Canada aims to enhance understanding of nutrition as a key factor in healthy aging amongst community living seniors and their caregivers. Seniors with identified nutritional problems will benefit through referral to nutrition related services that meet their specific needs. Service providers will benefit from using a single, simple, valid and reliable tool for nutrition risk screening. Service providers can focus on key known risk factors, collaborate with and gain a better understanding of other service agency resources, and provide integrated services that meet nutritional needs and risk factors. There will be central sharing of

key resource materials and approaches. The five demonstration sites will provide valuable models and leadership for other communities wishing to take action on the nutrition and food related challenges of their older citizens.

Dietitians of Canada (DC) is the nation-wide voice of 5,000 dietitians—the most trusted source of information on food and nutrition for Canadians. For regular updates on this project, visit the DC award-winning web site www.dietitians.ca

The Department of Family Relations and Applied Nutrition at University of Guelph is a leader in geriatric nutrition and specifically, applied nutrition in the community. The department also has a Gerontology program that supports the nutrition research. Dr. Keller is a leading researcher in nutritional care of the older adult and has spent the past three years, developing and validating SCREEN as well as using this screening tool in various research and community projects.

For further information contact:
National Coordinator, Beverly Brockest, RD,
bbrockest@home.com

Fall-Prevention Program for Seniors

Douglas Sinclair, Department of Emergency Medicine, Dalhousie University and the Queen Elizabeth II Health Sciences Centre

Every week, seniors throughout Nova Scotia suffer falls that leave them injured—and that threaten their very independence. The Quick Response Program of the QEII's Emergency Department and Home Care Nova Scotia will put in place a comprehensive program to prevent falls. All seniors who come to the Emergency Department as the result of a fall will be eligible to take part. The goal: healthier seniors and reduced hospital stays.

Association of Atlantic Universities (AAU)

The Association of Atlantic Universities responds to potential students' demands for life-long learning opportunities. Courses are offered evenings, weekends and summer months for flexible scheduling.

Distance education allows students to benefit from university course of study when they are physically remote from university campuses. Instruction may be through correspondence, television broadcasting, audio and video tapes, teleconferencing, e-mail and the world wide web.

A calendar of university credit, non-credit and non-degree distance education course offerings was initiated by the Committee on Distance Education of the Association of Atlantic Universities.

For further information contact:
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Halifax, NS B3J 3R4
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"To love someone is to see a miracle invisible to others."

Francois Maurice

Our website's a winner!

Here's another reason to check us out at www.50plus.com Our website has just received five awards in the World Wide Web Mature Media Awards.

The 50plus Community received a gold for content, creativity and overall excellence, and it was named best interactive site. Our site as a whole won an award for best graphic design, a silver for content, creativity and overall excellence, and our travel section captured a bronze.

We're especially proud of this achievement, since we compete with sites such as Reader's Digest's New Choices magazine and a broad range of other U.S.-based sites.

Source: *CARP FiftyPlus Magazine*, April, 2001

"I wasn't sleeping—I was stretching my eyelids."
Unknown

It's Time To Take Your Pills

ReCall Programmable Watch

No matter how organized we are, it's easy to forget to take medications at the prescribed times. In fact, it's estimated that about 50 per cent of patients don't comply with prescription instructions. The new ReCall Programmable Watch is trying to change all that. The watch allows you to set up to eight daily alarms with precise instructions for medications, home health tests, refilling prescriptions and more. Your pharmacist can help you set the watch, or if you have a Windows-based PC, there's a home programming kit to help you set and change your medication schedule. It's like having your own personal assistant.

The ReCall Programmable Watch is distributed in Canada by Auto Control Medical at 1-800-463-5414 or www.autocontrol.com and is available at most pharmacies for about $110.

Source: *Good Times*
The Canadian Magazine for Successful Retirement, July/August 2001